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## NOTICE OF APPEAL

### SCHOOL STANDARDS & FRAMEWORK ACT 1998

Please read the accompanying Notes for Guidance before completing.  
Please complete in **BLOCK LETTERS AND BLACK INK.**

1	Title (please tick)	Mr		Mrs		Ms		Other	
	First name of parent or guardian								
	Family name of parent or guardian								
2	Relationship to child	Parent		Guardian		Other Please state			
3	Home address								
		Postcode							
	Preferred contact number 1								
	Preferred contact number 2								
	E mail address								
4	First name of child								
	Family name of child:								
	Date of birth	Date			Month			Year	
	Male/Female								
5	Child's present school								
I wish to appeal against the decision of the Admission Authority not to offer my child a place at the school named in 6 below									
6	Name of preferred school								
7	Name of school offered								
8	Date for which admission is sought								

9 I wish to attend my appeal in person 

Yes		No	
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 (Tick appropriate box)

10 I will be represented at my appeal 

Yes		No	
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 (Tick appropriate box)

11 If you are being represented or want to call witness(es), please give the following details.  
Please attach a separate sheet with details if you need more space:

Title (please tick) 

Mr		Mrs		Ms		Other	
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First name of representative 

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Family name of representative 

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Relationship to child 

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Address of representative 

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Postcode	
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Preferred contact number 

--

Name of your witness 

--

12 Second Parent (if applicable) 

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Title (please tick) 

Mr		Mrs		Ms		Other	
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First name of parent or guardian 

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Family name of parent or guardian 

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Relationship to child 

Parent		Guardian		Other Please state	
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Home address (if different) 

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Postcode	
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Preferred contact number 

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E mail address 

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13 If you have a disability and need assistance and/or need a signer or interpreter or have any other concerns regarding access, please give details below including language

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14 Do you need the School Appeals Service to arrange the interpreter or signer for you?

Please tick appropriate box 

Yes		No	
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Under statutory guidance you should be given at least 10 schools days notice of your appeal date. In exceptional circumstances it may not be possible to give this statutory notice. This would only happen after an initial discussion with you. Please tick yes or no if you would be happy to proceed with your appeal following a shorter notice period.

YES

NO

Surrey County Council (the ‘Council’) respects your privacy rights and is committed to ensuring that it protects your details, the information about your dealings with the Council and other information available to the Council (‘your information’). In accordance with the Data Protection Act 1998, the Council will use your information, for the purpose of processing your school admission appeal(s), to (a) deal with your requests and administer its departmental functions, (b) meet its statutory obligations, and (c) prevent and detect fraud. The Council may share your information (but only the minimum amount of information necessary to do the above and only where it is lawful to do so) within the Council (including other admission authorities, central government departments, law enforcement agencies, statutory and judicial bodies and independent appeal panels). The Council may also use and disclose information that does not identify individuals for research and strategic development purposes. The School Appeals Service and Local Authority reserve the right to verify the information contained in this form.

**RETURN THIS FORM TO  
 Surrey School Appeals Service  
 Room 135, County Hall  
 Penrhyn Road  
 Kingston upon Thames     KT1 2DN**

**Declaration and Signature of Parent/Carer**

- I wish to exercise my right of appeal under the School Standards & Framework Act 1998 for a place at the school(s) named in section 6, as I have been refused a place at this school.
- I certify that I am the person with parental responsibility for the child named in section 4 and the information given is true to the best of my knowledge and belief.
- I understand that if I do not attend the hearing and I do not send a representative my appeal will be heard in my absence using the information I have supplied on this form along with any other information I have sent to the School Appeals Service before my hearing date.
- I understand that any false or deliberately misleading information given on this form and/or supporting information may render this appeal invalid and/or further appropriate action being taken.
- I have read and understood the accompanying Guidance Notes.
- I understand that any evidence submitted after the stated deadline may not be considered at my appeal hearing.

Signed:

Date: